

**MULTIPLE DEPENDENT
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/419439

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	13					
TOTAL DEP.	19					
TOTAL	22					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
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TOTAL IND.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY